



**APPLICATION FOR USE  
FACILITY RENTAL REQUEST or  
ORSCC BIRTHDAY PARTY PACKAGE**  
City of Redmond Parks and Recreation Department  
PO Box 97010, MS: ORSPK, Redmond WA 98073-9710  
Phone: 425-556-2300 x3 Fax: 425-556-2303

The following information is requested by the City of Redmond Parks and Recreation to assist in the review and consideration of your request to rent city facilities. The accuracy and completeness of this application is very important. Be as detailed and specific as possible. **All requests are on a first-come-first-serve basis, and no date will be held until the City of Redmond approves this rental request. There is no legal or binding commitment between the parties until a Facility Rental Agreement has been signed and all fees are collected.**

**PRINT CAREFULLY & COMPLETE ALL INFORMATION:** Incomplete information will delay review of your application

**CONTRACTING PERSON OR ORGANIZATION:** (Name of person who will sign Facility Rental contract and Agreement.)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Fax#: \_\_\_\_\_

**DAY OF EVENT CONTACT PERSON:** (Only if different from above)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Fax#: \_\_\_\_\_

**EVENT NAME:** \_\_\_\_\_

**REQUESTED EVENT DATE(S) & TIME(S):**

Requested Date: \_\_\_\_\_ Set-up Start Time: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ Clean-up Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Requested Date: \_\_\_\_\_ Set-up Start Time: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ Clean-up Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**EXPECTED ATTENDANCE** \_\_\_\_\_ Please include children. (Larger groups are subject to an extra staffing fee.)

**For multiple dates (On-going rentals) please attach a sheet with all dates and times listed.**

**FACILITY REQUESTED:** (Check facility/room to be used)

☐ **Cotterill Auditorium** (Banquet style seating – 200 max, Theater style seating – 350 max)  
My group will setup room in: ☐ Banquet Style Seating ☐ Theater-Style Seating  
Is kitchen area requested? ☐ Yes ☐ No

☐ **ORSCC Birthday Party Package** (20 Children max)

☐ **Meeting Room** (50 max)

☐ **Gymnasium - Athletic use Only!** - Limited Rental Times

☐ **Adair House** (40 max) at Anderson Park, 7802 168<sup>th</sup> Ave NE

☐ **Fullard House** (20 max) at Anderson Park, 7802 168<sup>th</sup> Ave NE

**Continue on back of page.**

## Event Details

**Full disclosure is required!** Failure to disclose all event information may result in a forfeiture of all/some of deposit. Incomplete information will delay the process of your application and may forfeit your requested dates/times.

To assist us in serving you better, please circle each of the following items Yes or No. If you mark yes to any item, please provide us with details under the "Event Description" below. (Some items may require written authorization, additional fees, and/or proof of insurance.)

**EVENT TYPE:** ☐ Family Gathering ☐ Business/Company meeting ☐ Classes/Seminar/Workshop  
☐ Other: \_\_\_\_\_

Please Circle One

Is your event open to the public?	Yes or No
Are you advertising to the public?	Yes or No
Are you charging admission?	Yes or No
Will you be serving food or beverages?	Yes or No
Will there be live or amplified music?	Yes or No
Are you hiring a third party vendor? (Caterer, DJ, entertainer, etc)	Yes or No
Will you be decorating the facility?	Yes or No
Are you renting equipment from another company?	Yes or No
Do you want to use candles, sterno, or any other open flame items?	Yes or No

(All open flame items need to be approved at least 10 business days prior to event.)

**AV EQUIPMENT REQUEST (See Rental Packet for details):** AV Package 1 2 3

**OTHER EQUIPMENT REQUESTED:** \_\_\_\_\_

**EVENT DESCRIPTION:** *Description Example: Third party vendors (caterers, musicians, rented supplies), type of decorations, food, type of activities, Live music, etc.) Attach additional page if needed.*

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Please initial the following items to acknowledge you have read the Rental Packet, including all City of Redmond Policies & Procedures.

- \_\_\_\_\_ *I am aware alcoholic beverages are not allowed in the area I have requested.*
- \_\_\_\_\_ *I am aware I am responsible for my own set-up and clean-up. My reserved time includes sufficient time for these activities.*
- \_\_\_\_\_ *I am aware I must not arrive earlier than my rental time noted on my Rental Contract.*
- \_\_\_\_\_ *I am aware I must inform all third party vendors (caterers, bakers, entertainers, equipment suppliers, etc.) of all City of Redmond Policies and Procedures, and that they must abide by these during my event.*
- \_\_\_\_\_ *I am aware the City of Redmond is unable to provide storage or accept deliveries for my event.*
- \_\_\_\_\_ *I am aware I am responsible for my group, and that all guests, including children, must stay within the rental space, and all children will be accompanied by an adult at all times.*

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Office Use Only!*

**Date/Time Submitted:** \_\_\_\_\_ **Contract # :** \_\_\_\_\_

**Staff:** \_\_\_\_\_